

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009		Docket Number Q95210 Confirmation Number 3865	
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>			
Application Number 10/581,397		Filing Date August 4, 2006	
For SESSION RELAYING APPARATUS, SESSION RELAY METHOD, AND SESSION RELAY PROGRAM			
Art Unit 2442		Examiner Name Jason D. Recek	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		Fee \$130.00	Small Entity Fee \$65.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))			
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00
<input checked="" type="checkbox"/> Previous Payment Amount 490.00		Date Submitted December 30, 2010	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,499</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
<input type="checkbox"/> Registration number if acting under 37 CFR 1.34			
WASHINGTON OFFICE 23373 CUSTOMER NUMBER			
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> /EBENESAR D. THOMAS/ Signature		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> January 28, 2011 Date	
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Ebenesar D. Thomas Typed or printed name		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (202) 293-7060 Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			